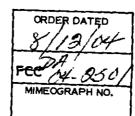
DOCKET NO. 04-319



## RETURN

RECEIPT

REQUESTED

C. R. R. NO.

\* 04-319

NAME: Howard J. Barr, Esq. Womble, Carlyle, Sandridge & Rice

1401 Eye Street, N.W.

Suite 700

Washington, DC 20005

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
327			
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ام 10	Postage	s GRON PARK MOZDE	
83	Certified Fee	ALVII \	
03	Return Receipt Fee ( (Endomement Required)	23AUG 1 3 2004Here	
000	Restricted Delivery Fee (Endorsement Required)		
0230	Total Postage & Fees	\$ 4.00 48 68 10303	
0.5	Sent To How	ARCA J. BACK	
7002		1-EXEST. N.W. 700	
70	WAShi	ngton D.C. DOLOS	
l	PS Form (300) 3 (10) (2)	61 See Beverse for the reactions:	

SENDER COMPLETE THE SECTION	COMPLETE THIS SECTION O. ELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,  or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee
1. Article Addressed to:  * 04-319  Howard J. Barr, Esq.  Womble, Carlyle, Sandridge & Rice 1401 Eye Street, N.W.	O. Is delivery address different from item 1?   If YES, enter delivery address below:   No
Suite 700 Washington, DC 20005	3. Service Type  Certified Mail
And the second s	Restricted Delivery? (Extra Fee)     Yes
2. Article Number (Copy from service label) 7003 0510 0003 8	378 8327

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952